ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
_		
TELEPHONE NO.:	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CA	ALIFORNIA, COUNTY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CASE NAME:		
		CASE NUMBER:
PATERNITY—FINDING AND JUDGMENT		
1. (Name):	is declared to be the biolo	ogical father of (list names and dates of birth of all children):
Child's name	<u>Date of birth</u>	
and a Judgment is hereby	v entered	
and a badyment is hereb	y entered.	
Date:		
		JUDICIAL OFFICER
2. A copy of this order has be	een transmitted to the local child support agen	ncy, on this date, by:
First-class mail		
County mail or cour	ier	
FAX		
Data		
Date:		
	Cle	erk, by, Deput